

Please type a plus sign (+) inside this box → 

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



<b>CHANGE OF CORRESPONDENCE ADDRESS</b>		Application Number	09/758,858
<i>Application</i>		Filing Date	01/11/2001
Address to: Assistant Commissioner for Patents Washington, D.C. 20231		First Named Inventor	HOFFBECK
		Group Art Unit	1638
		Examiner Name	FOX, DAVID T
		Attorney Docket Number	1324

Please change the Correspondence Address for the above-identified application to:																															
<input type="checkbox"/> Customer Number <input type="text"/> → <span style="float: right;">Place Customer Number Bar Code Label here</span> OR <input checked="" type="checkbox"/>																															
Type Customer Number here																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Firm or Individual Name</td> <td colspan="4">PIONEER HI-BRED INTERNATIONAL, INC.</td> </tr> <tr> <td>Address</td> <td colspan="4">7100 NW 62ND AVE DARWIN BLDG</td> </tr> <tr> <td>Address</td> <td colspan="4">PO BOX 1000</td> </tr> <tr> <td>City</td> <td>JOHNSTON</td> <td>State</td> <td>IA</td> <td>ZIP 50131</td> </tr> <tr> <td>Country</td> <td colspan="4">UNITED STATES</td> </tr> <tr> <td>Telephone</td> <td>515-248-4888</td> <td>Fax</td> <td colspan="2">515-334-6883</td> </tr> </table>		Firm or Individual Name	PIONEER HI-BRED INTERNATIONAL, INC.				Address	7100 NW 62ND AVE DARWIN BLDG				Address	PO BOX 1000				City	JOHNSTON	State	IA	ZIP 50131	Country	UNITED STATES				Telephone	515-248-4888	Fax	515-334-6883	
Firm or Individual Name	PIONEER HI-BRED INTERNATIONAL, INC.																														
Address	7100 NW 62ND AVE DARWIN BLDG																														
Address	PO BOX 1000																														
City	JOHNSTON	State	IA	ZIP 50131																											
Country	UNITED STATES																														
Telephone	515-248-4888	Fax	515-334-6883																												
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).																															
I am the :																															
<input type="checkbox"/> Applicant.																															
<input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.																															
<input checked="" type="checkbox"/> Attorney or agent of record .																															
Typed or Printed Name <input type="text" value="LILA A. T. AKRAD"/>																															
Signature																															
Date <input type="text" value="1-6-04"/>																															

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.